

COUNTY BOROUGH OF BURY

EDUCATION COMMITTEE

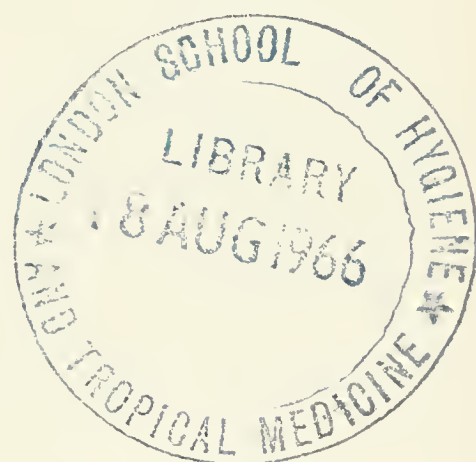
ANNUAL REPORT

ON THE WORK OF THE

SCHOOL HEALTH SERVICE

FOR THE YEAR

1 9 5 2




K. K. WOOD, M.B., M.R.C.S. D.P.H.

School Medical Officer

Medical Officer of Health





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Members of Education Committee.

The Mayor (Alderman F. ASPINALL),
 Alderman SHAW, M.A. (Chairman),
 Councillor LORD (Deputy Chairman),
 Alderman KILLELEA,
 Councillor ALKER,

„ Mrs. BUTLER, J.P.
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 Mr. E. THOMASON,
 Mr. T. WILLIAMS, B.Sc.
 Miss H. M. WESTERDALE
 Mrs. H. B. WEBB.

Staff.

School Medical Officer:—

K. K. Wood, M.B., M.R.C.S., D.P.H.

Deputy School Medical Officer:—

R. Mitchell, M.B., B.Sc., D.P.H.

Assistant School Medical Officers:—

*E. J. Foulds, M.B., B.Sc. (Died 6.12.52).

*N. H. Wells, M.B.

E. W. M. Shaw, M.R.C.S.

Ophthalmic Surgeon:—

*J. Ratcliffe, M.B.

Orthopædic Surgeon:—

*A. P. Gracie, F.R.C.S. (Ed.), M.B.

Ear, Nose and Throat Surgeon:—

*A. I. Goodman, M.D., F.R.C.S. (Ed.).

Dental Officer:—

R. B. Keighley, L.D.S.

Physiotherapist:—

*Mrs. J. M. Fishwick.

Speech Therapist:—

Miss J. Riley.

Educational Psychologist:—

*Mrs. C. Rivett, M.A.

Chiropodist:—

*Mrs. Stella Openshaw (from 29.1.52).

Superintendent Health Visitor and School Nurse:—

Miss A. W. Moordaff.

School Nurse Health Visitors:—

Miss C. Ashley,
Mrs. A. Crowther,
Mrs. A. Davies (to 30.9.52).
Miss L. Green,
Miss E. Johnson,
Mrs. G. Smith.

School Nurses:—

Miss A. Haines.
Mrs. A. Hallam (Joint with Health Committee).
Mrs. J. A. Wildman (16.10.52 to 9.12.52).

School Medical Clerks:—

Miss N. Hargreaves.
Miss A. C. Stephenson.

Dental Attendant:—

Miss Y. M. Lees.

* Part Time.

ANNUAL REPORT FOR 1952

To the Chairman and Members of the Education Committee.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in submitting to you the Annual Report of the work done in the School Health Service.

This report gives the details of a year's solid work and progress. There has been the first complete year's work of the resumption of dental services, and the newly introduced Speech Therapy and Educational Psychology have also had the first complete year. It is pleasing to report that after a period of frustration through complete lack of staff, these services are making a sound development.

We are still short of staff in certain directions. There are vacancies for Health Visitor School Nurses, an Orthoptist, Psychiatric Social Worker, Psychiatrist and teacher in lip-reading for the deaf.

This report shows that there has not been any major outbreaks of disease.

We have been assisted in our work by the Director of Education and his staff, and by the teachers, and we hope that we on our part have also been able to assist them in some degree.

The carrying out of the department's work has only been possible by having an efficient and willing staff. We have been fortunate in this, and wish to put on record our thanks.

To you, Mr. Chairman, and members of the Committee, thanks is given for your continued encouragement and support during the year.

I am,

Ladies and Gentlemen,

Your obedient servant,

K. K. Wood.

School Medical Officer.

April, 1953.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR 1952.

Area of Bury in acres	7,434
Population (Census, 1951)	58,829
Number of school children on register at end of 1952:—	
Infants	2,255
Juniors and Seniors	5,090
	<hr/> 7,345

There are 7 provided schools (including the High School and Junior Technical), and 20 non-provided schools in the Borough.

In addition there are two direct grant schools, the Bury Grammar School (boys and girls) and the Convent High School (girls), for which the Education Committee provide School Health Services. The number of pupils attending these Direct Grant Schools is 1,423.

SCHOOL HYGIENE.

In 1950 a Sanitary survey of the Schools was made, and a report was presented to the Committee. This report contained a detailed statement of the sanitary, washing, playground, cooking and milk storage facilities at the Schools. Broadly the conditions to-day are the same as in this report.

The internal decoration of the following schools was carried out during the year:

Alderman Smith County.
East Ward County Junior.
St. Stephen's.
St. Peter's.
Church Central Secondary Modern.

The Authority have also continued to effect repairs at a number of controlled schools in the area, and during the year trough closets at St. Mark's Infants' and at George Street Schools were converted to fresh water closets. The provision of a supply of water from town's mains to Bircle School has not yet been completed.

The following Schools are in the course of erection: St. Gabriel's R.C. Secondary Modern, Elton County Secondary Modern, and Fairfield County Primary School.

SWIMMING.

In the Town there are three Swimming Baths which are used by school children. At the Technical College Swimming Bath, which is used by children from schools for swimming instruction; at the Bury Grammar School, which is a Direct Grant School, and which is used exclusively by its own pupils; and the Town's Public Swimming Baths, St. Mary's Place, which may be used by any of the children in their own spare time, and is also used for school classes.

Below are given some examples obtained from Bacteriological Analysis of Samples from these Baths, taken during the year.

BATHS.	Date of Sample.	B. Coli per 100 mls.	Faecal Coli per 100 mls.
PUBLIC BATHS (1st Class Plunge) ... (2nd Class Plunge) (3rd Class Plunge)	February.	3	—
	April.	0	—
	August.	5	—
	December.	0	—
	February.	0	—
	April.	0	—
	August.	0	—
	December.	0	—
	August.	0	—
BURY GRAMMAR SCHOOL	March.	90	5
	March.	0	—
	May.	25	—
	November.	0	—
MUNICIPAL TECHNICAL COLLEGE	March	0	—
	May.	0	—
	November.	0	—

The introduction of the "break-point" chlorine injector at the Municipal Technical College has ensured good results this year.

There has been a weekly swimming lesson for secondary modern schools during the year. Boys' lessons are given at the Technical College Swimming Bath, while the girls attend the Corporation Bath.

Pupils of the High School have a fortnightly lesson, at the Technical College Bath.

Number of boys attending the Technical College	
Bath	21,817
Number of girls attending the Corporation Bath	13,081

UNCLEANLINESS.

The incidence of verminous conditions amongst school children is a problem which is constantly before the School Medical Officer and his Staff. On the average each school was visited on 11 occasions by the School Nurses for the purpose of cleanliness inspections. The number of examinations of children for this purpose was 22,360. As a result of these inspections 14.7% of the children were found to be infested, either with nits or lice. In 155 of the children infestation of the body was found; the remainder were in the head.

Cleansing is the responsibility of the parent, and efforts have been made to see that this process has been carried out at home. In a few special cases, however, it was, in the child's interest, done at the Clinic.

There is a certain "hard core" of cases which appear to be a source of constant reinfestation to other children. It is only by constant head inspections that these can be dealt with. There has been a deterioration this year on last year's figures, when it was found that 11.9% of the children were found to be infested.

There are baths and cleansing facilities at the Wylde and Huntley Clinics to help in the treatment of these cases, and the treatment of Scabies. The loan of special metal combs has been continued.

No cleansing notices under Section 54 (2) were issued, although a large number of informal notices were sent to parents and visits were paid by the School Nurses.

ROUTINE MEDICAL INSPECTIONS.

Three groups of children were examined: 977 entrants, 825 in the second age group, and 547 in the third age group, giving a total of 2,349 children examined. There were 899 other periodic inspections made; these were at the Bury Grammar School (584) and the Convent High School (315).

In addition the Medical Officers made 5,398 special inspections and re-inspections. These examinations were made at the Schools or at the Clinics.

I am indebted to Dr. R. Mitchell for the following report:—

The general condition of school children continues to improve, and, on the average, they are taller and heavier than they have ever been before. This is the benefit of Welfare infant foods, free milk at schools, school dinners; and the National policy of fortifying the flour and adding vitamins to the margarine. Deformities due to deficiency of vitamins is very rare, and serious sequelæ of the acute infections of childhood are uncommon. On the other hand, chronic infections are very common in the teeth, nose, throat, and ears, in that order. There is urgent need of another school dentist. Chronic running noses are usually indicative of bad home conditions, and the remedy lies in better housing. There is still a large waiting list at Bury General Hospital for admission of children for operations for removal of tonsils and adenoids, but it is gratifying to report that the Aurist there has admitted within a fortnight, and operated on all children whose throat condition was considered by the School Medical Officer to be in urgent need of operative treatment. There are still far too many children with chronic ear disease, the treatment of which is difficult, and often necessitates daily attendance of the child at clinics, in some cases over a period of several years, to the great detriment of his schooling.

A feature noted among the 10 year olds, especially the boys, is a large number with flabby muscles and bad posture. This is caused by inadequate facilities for games and gymnastics, and it is also partly due to allowing children to sit in sloppy attitudes in class.

Many schools have no proper gymnasium, and physical training has to be done in a hall, which is often cluttered up with school dinner equipment, stage properties, and miscellaneous furniture. In many cases playgrounds are inadequate, and playing fields non-existent.

Outside school hours there is a great lack of organisations devoted to the physical welfare of young children.

Careful watch is being kept on the effect of television on children's eyes. In some cases serious warning had to be given to parents about the bad effects of allowing young children to sit up late watching flickery television screens, and looking at and listening to entertainment which is certainly not designed for consumption by children.

REVIEW OF SOME FACTS DISCLOSED BY MEDICAL INSPECTION.

Nose or Throat.—During the year 267 children were found to be suffering from defects of the nose or throat requiring treatment, while 418 were referred for observation.

Comparative figures for the previous years are:—

	1947.	1948.	1949.	1950.	1951.
Children requiring treatment	166	217	313	228	238
Children requiring observation .	107	189	347	296	409

Tuberculosis.—2 cases of Pulmonary and 3 cases of Non-Pulmonary Tuberculosis were notified during the year.

Lungs.—143 cases of Non-T.B. chest diseases were discovered during the year. Of these 50 were referred for treatment, and 93 for observation.

Skin.—731 cases of Skin Disease were found during the year. Of these 657 were referred for treatment, and 74 for observation.

External Eye Disease.—125 cases of external eye disease were found during the year, 113 of which were referred for treatment and 12 for observation.

Defective Vision and Squint.—365 cases of defective vision and squint were found. Of these 318 were cases of defective vision, and 47 cases of squint. 169 were referred for treatment, and 196 for observation only.

Ear Disease and Hearing.—59 children were found to be suffering from defective hearing, 11 of which were referred for treatment and 48 for observation. 67 children were found to be suffering from Otitis Media. 37 cases were referred for treatment and 30 cases for observation. In addition there were 85 cases of other ear conditions.

FOLLOWING UP.

Medical Inspection loses much of its value if those children found to be suffering from some defect are not “ followed up ” in order to ensure that the necessary treatment has been obtained either from the child’s own medical practitioner or from the services provided by the Local Authority.

Should the child not be accompanied by the parent, a note is sent drawing the attention of the parent to the defect, and suggesting that treatment be obtained. This is followed up either by a visit to the child at school by the Nurse, or by home visits to the parent. Arrangements are made for re-inspection of children with defects to be made by the School Medical Officers.

These re-inspections have been carried out both at the School clinics and also at the Schools. Last year the figure was 3,339, whilst this year it was 2,858. Only by constant and close following up can one be sure that the defects discovered are adequately dealt with.

In the majority of cases little difficulty has been experienced in obtaining treatment for the children. The main difficulty was that of obtaining spectacles after prescription.

The majority of home visits by Nurses have been in connection with investigations of cleanliness or infectious disease.

WORK OF SCHOOL NURSES.

At Schools and Home Visiting.

During the year the School Nurses have carried out the following visits, etc. :—

Home Visiting by Nurses :

Homes of Dental Cases	—
„ Ophthalmic Cases	96
„ Throat Cases	2
„ Minor Ailments	49
„ Infectious Disease	427
„ re Cleanliness	359
Other visits	137
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Total	1,070

Visits to Schools with Medical Officers	182
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Visits to Schools with Dentists	—
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Other visits to Schools by Nurses—

(a) For cleanliness	289
(b) Other visits	265

Children examined re cleanliness	22,360
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Number of above unclean	3,284
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Contacts examined re Infectious Disease	3
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ARRANGEMENTS FOR TREATMENT OF SCHOOL CHILDREN.

NAME OF CLINIC.	WHERE HELD.	TIME.
Minor Ailments.	The Wylde Clinic.	Daily—9 a.m. to 10 a.m.
Minor Ailments.	Huntley Mount Clinic.	Daily—9 a.m. to 10 a.m.
Minor Ailments.	Tottington Road Clinic.	To be re-opened when Staff available.
Medical Officer's Inspection Clinic.	The Wylde Clinic.	Daily—9 a.m. to 10 a.m.
Scabies Clinic.	Huntley Mount Clinic.	As required.
Orthopædic Clinic (Exercises).	The Wylde Clinic.	Tuesday—9 a.m. to 11 a.m. Thursday—9 a.m. to 12-30 p.m. Friday—1-30 p.m. to 2-30 p.m.
Orthopædic Clinic (with Lancs. C.C.)	The Uplands, Whitefield.	Orthopædic Surgeon attends 2nd Friday each month at 10-30 a.m.
Ultra Violet Light Clinic.	The Wylde Clinic.	Monday—10 a.m. to 12-30 p.m. Friday—10 a.m. to 12-30 p.m.
Immunisation Clinic.	The Wylde Clinic.	Wednesday morning, as required.
Ophthalmic Clinic.	The Wylde Clinic.	Wednesday and Thursday commencing 2-30 p.m.
Dental Clinic.	The Wylde Clinic.	By appointment.
Ear, Nose, and Throat.	The Wylde Clinic.	1st and 3rd Tuesday in Month, 10 a.m.
Speech Therapy.	Huntley Mount Clinic.	By appointment.
Educational Psychologist.	Huntley Mount Clinic.	Alternate Mondays. Every Friday—By appointment.

Minor Ailments Clinic—THE WYLDE.

No. of children attending from 1951	39
„ „ „ discharged during 1952	1,116
„ „ „ still attending at end of 1952	25
„ „ fresh children who attended during 1952	1,102
„ „ attendances	5,274
Clinic open	303 days.
Average attendance per child	4.6
Average daily attendance	17.4

In addition to the above, 346 children attended on three or four successive days for mydriatic application before seeing the School Oculist for the purpose of refraction. This represents 1,211 attendances, which are not included in the total attendances in the previous table.

Altogether 771 parents were seen at the Clinic during the course of the year.

Comparative figures for previous years are as follows:—

Number of fresh children who attended Clinic	1948	1949	1950	1951
	1,225	1,100	1,094	988
Number of attendances	8,130	8,344	6,403	5,903
Average attendance per child ..	6.4	7.4	5.6	5.8
Average daily attendance ..	26.8	27.6	19.5	19.5
Children attending for mydriatic application	369	362	406	421

Minor Ailments Clinic—HUNTLEY MOUNT.

This Clinic is open daily from 9 a.m. to 10 a.m., for the treatment of minor ailments, and the treatment of Scabies if required.

No. of children attending from 1951 ..	—
„ „ discharged during 1952 ..	382
„ „ still attending at end of 1952 ..	—
„ fresh children who attended during 1952 ..	382
„ attendances ..	1,709
Clinic open ..	201 days
Average attendance per child ..	4.5
Average daily attendance ..	8.5

30 parents were seen at this Clinic during the course of the year.

CASES ATTENDING ALL CLINICS.

The nature of the cases treated at the Minor Ailments Clinics are given below :—

Skin—Ringworm Scalp :

(1) X-ray treatment ..	—
(2) Other treatment ..	—
Ringworm, Body ..	4
Scabies ..	10
Impetigo ..	17
Other skin diseases ..	593

Minor Eye defects—External and other (but excluding defective vision and squint) ..	111
Minor Ear defects ..	68
Miscellaneous....	459

SCABIES.

During the year 10 cases of Scabies were discovered and treated. The incidence of Scabies appears to rise and fall over a period of years. It appears that the main source of infection is from person to person, especially those sleeping in the same bed with an infected person, and that it is not generally spread by clothing.

The number of cases in 1937 was 83, 1938—36, 1939—29, 1940—16, 1941—50, 1942—177, 1943—263, 1944—333, 1945—126, 1946—113, 1947—79, 1948—48, 1949—16, 1950—7, 1951—10, 1952—10.

Facilities for treatment of Scabies are provided at the Huntley Mount Clinic and the Wylde as required.

RINGWORM.

The Education Committee has an arrangement with the Manchester Skin Hospital for the X-Ray treatment of Ringworm. No cases were sent this year.

TUBERCULOSIS.

The following table shows the numbers of cases of Tuberculosis in School Children which have received Institutional treatment during the year :

Abergele Sanatorium :—

	No.	Total No. of Days
Boy	1	45

Hefferston Grange Sanatorium :—

Boy	1	29
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The closest liaison exists with the Chest Physicians at the Chest Clinic, which is held at the Wylde. Here contacts in the homes of tuberculous patients have been examined, and opinions obtained in doubtful cases.

DIABETES.

There are no children who require special residential care. One case has received home teaching.

HEART CONDITIONS.

On the defects register at the School Clinic there are records of 39 children who have been discovered to be suffering from some lesion of the heart.

Congenital Heart		Valvular Disease of the Heart		Other Conditions.	
Requiring observation	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation	Requiring treatment
6	2	24	3	4	—

Assistance has been sought in dealing with many of these cases from the Cardiac Clinic at the Manchester Royal Infirmary, where electrocardiograms and specialist advice has been available. The closest co-operation has been sought in these cases, also with the child's own doctor.

THE ORTHOPÆDIC CLINIC.

An arrangement is in force under which Orthopædic cases from Bury participate in the Scheme of the Lancashire County Council.

The Orthopædic Clinic is held at the "Uplands," Whitefield, on Fridays. The Orthopædic Surgeon, Mr. A. P. Gracie, M.B., F.R.C.S.E., attends on the second Friday of each month.

There has been an appreciable waiting list for patients attending this Clinic.

At Ancoats Hospital, Manchester, cases are seen for further opinion or for further examination, including X-ray photographs. Apart from examination and out-patient treatment, only short-stay cases are admitted to the wards of the Ancoats Hospital.

At Biddulph Grange Orthopædic Hospital in-patient treatment is afforded.

Particulars of cases dealt with at the Orthopædic Clinic during the year are given below:—

New Cases:

First Consultation with Surgeon	....	....	....	....	....	10
Second or subsequent consultations with Surgeon	....					1

Old Cases :

Total Consultations with Surgeon	20
All Cases—Total Consultation with Surgeon	31

Two children were maintained in Biddulph Hospital during the year.

PHYSIOTHERAPY TREATMENT.

I am indebted to Mrs. J. M. Fishwick for the following report.

(a) Analysis of cases :

Pes Planus	60
Hallux Valgus	2
Genu Valgum	3
Hammer Toe	1
Scoliosis	8
Kyphosis	36
Lordosis	1
Funnel chest	2
Spina-bifida Occulta	1
Mouth breathing	47
Asthma	6
Bronchitis	1
<hr/>	
Total	168
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Number of Electrical treatments	154
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(b) Attendances :

Number of treatments given	2,055
Average attendance per child	12
Number of children seen in the department by the Medical Officer	147

(c) Discharges :

Number of children discharged and put on rests	92
Number of children who failed to attend	35
Number of children still receiving treatment	41

When a child first attends for treatment, the Parent is requested to accompany the child. In this way parents can see what treatment is necessary and can so help the child at home.

The attendances at these classes during the year have been very encouraging. It becomes more evident how great a part the interest and co-operation of the parent plays in the treatment of these cases.

ULTRA-VIOLET RAY TREATMENT.

Children attend the Wylde for this treatment twice weekly. With the two-burner mercury vapour lamp as many as 14 children can be treated together.

The cases and attendances were as follows :—

(a) Analysis of cases :

General Debility	12
Bronchitis and Bronchial Catarrh	40
Repeated colds	6
Asthma	9
Anaemia	10
Cervical Adenitis	8
Pes planus and Genu Valgum	2
Enuresis	16
Dysmenorrhœa	2
Psoriasis	1
	<hr/>
Total	106
	<hr/>

(b) Attendances :

Number of treatments given	1,277
Average attendance per child	12

(c) Discharges :

Number of children discharged and put on rests	65
Number of children in this department seen by Medical Officer	86

The treatment of enuresis cases by U.V.L. is on trial. At the present time no definite results can be stated.

X-RAY EXAMINATIONS.

X-ray examinations of School Children referred from the Clinic are made at the Bury General Hospital.

SPECIAL SCHOOLS (RESIDENTIAL).

The following handicapped school children were maintained in special schools, hospital schools, or convalescent homes :—

Blind Pupils	—
Partially sighted pupils	1
Deaf Pupils (+ 1 day pupil)	3
Partially deaf pupils (+ 2 day pupils)	2
Delicate pupils	18
Diabetic pupils	—
Epileptic pupils	3
Maladjusted pupils	—
Physically handicapped pupils	3
Pupils suffering from speech defect ...	—
Pupils suffering from multiple defects ...	—

EAR DISEASE AND HEARING.

The treatment of middle ear disease and of the various degrees of deafness is a matter of great concern. A Consultant Ear, Nose and Throat Surgeon (Dr. A. I. Goodman) has held a fortnightly clinic at the Wylde, on 1st and 3rd Tuesdays of the month, at 10 a.m.

The Committee has endeavoured to obtain a qualified teacher (part time) to hold a lip reading class in Bury. Unfortunately it has been found impossible so far to engage one.

The Consultant Ear, Nose, and Throat Surgeon paid 23 visits to the School Clinic during the year.

Attendances were as follows:—

First consultations with Surgeon	175
Second or subsequent consultations with surgeon .	209
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Total	384

Analysis of new cases:—

Enlarged tonsils and/or adenoids	84
Otorrhœa	17
Tonsil and glands	9
Partial deafness	12
Defective speech	4
Nasal obstruction	2
Nasal sinuses	4
Mouth breathing	19
Catarrh	3
Cervical adenitis	1
Otalgia	3
Epistaxis	1
Other conditions	16
<hr/>	
Total	175
<hr/>	

9 cases of partial deafness have been referred for audiograms. These are carried out by the Specialist, at sessions arranged by him in Manchester.

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES. (Ages 2-15)

	1. Blind 2. Partially sighted		3. Deaf 4. Partially Deaf		5. Delicate 6. Physically Handicapped		7. Educationally -sub-normal 8. Maladjusted		9. Epileptic	Total 1—9
	1	2	3	4	5	6	7	8	9	10
In the calendar year:										
A.—Handicapped Pupils newly placed in Special Schools or Homes	10	1	.....	11
B.—Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes	11	1	.....	12

Number of children reported during the year :—

(a) Under Sect. 57 (3) (Excluding any returned under (b))	3
(b) Under Sect. 57 (3) (relying on Section 57 (4))	—
(c) Under Sect. 57 (5)	2

On or about 1st December :—	1. Blind 2. Par- tially sighted		3. Deaf 4. Par- tially Deaf		5. Delicate 6. Physic- ally Handi- capped		7. Educa- tionally -sub- normal 8. Malad- justed		9. Epil- eptic	Total 1—9
	1	2	3	4	5	6	7	8	9	10
C.—Number of handi- capped pupils from the area :—										
1.—Attending Special schools as Day Pupils	1	2	...	...	77	2	...	82
Boarding Pupils.....	...	1	3	1	...	...	...	...	3	8
2.—Boarded in homes
3.—Attending Inde- pendent schools under arrangements made by the Authority
TOTAL (C)	1	4	3	...	...	77	2	3	90
D.—Number of handi- capped Pupils being educated under ar- rangements made under Sect. 56 of Edu- cation Act, 1944 :—										
(a) In Hospitals
(b) Elsewhere.....	1	1	...	...	...	2
E.—Number of handi- capped Pupils from the Area requiring places in Special Schools (including any such unplaced children who are temporarily receiving home tuition)	1	...	...	1

DIPHTHERIA IMMUNISATION.

Efforts are made in the Child Welfare department to see that as many children as possible are immunised in the pre-school period. An immunising Clinic is held weekly for this purpose. The majority of these children are done when they have reached one year of age. This year 434 children in this age group were immunised. The number of children born in 1951 was 838, so that it appears that more than half of the children are being immunised in this age group. On admission to School the School Medical Service attempts to obtain immunisation for those not already done in infancy, and get a reinforcing dose given on admission to School to those who were immunised in infancy.

The number of children attending School between 5 and 14 years who have been immunised is 5,785. This gives approximately 78.7% of School children immunised. The number of reinforcing doses given during the year was 481.

Age in years
on 31st Dec.
of the
corresponding
year.

Persons inoculated each year from 1935 - 1952.

	1935/6	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	Totals
0	—	—	—	—	—	—	—	—	—	—	—	10	2	16	6	19	34	
1	23	1	—	3	6	103	140	262	265	350	313	375	549	521	362	401	308	
2	34	5	8	10	10	148	137	186	109	93	111	87	81	95	72	108	68	
3	45	4	4	11	17	119	77	161	35	35	31	23	30	36	20	37	11	
4	59	1	12	13	10	140	113	182	26	24	35	54	13	13	14	19	13	1,978
5	108	5	14	6	12	165	115	224	39	12	22	92	12	52	31	66	75	
6	155	1	13	6	9	206	98	141	20	13	16	100	7	74	25	50	30	
7	46	2	7	6	5	213	95	177	15	7	8	88	1	22	5	10	4	
8	41	1	6	4	4	175	79	132	12	9	12	85	4	6	3	2	2	
9	38	1	3	5	6	199	74	126	9	4	3	60	4	1	2	—	3	
10	45	2	6	3	1	202	78	172	9	2	4	30	2	—	—	—	—	
11	37	3	4	3	3	186	44	148	1	3	1	25	18	—	—	—	—	
12	25	—	1	6	1	320	40	134	2	2	2	17	14	—	—	1	—	
13	28	—	2	4	—	31	59	116	—	2	2	31	14	—	—	—	—	
14	19	—	—	1	3	49	16	102	1	2	1	16	14	—	—	—	—	5,785
15 and over	18	—	2	4	—	22	11	5	—	9	1	—	1	2	—	1	—	5,131
TOTALS	721	26	82	85	87	2,278	1,176	2,268	543	567	562	1,093	766	838	540	714	548	12,894
Re-inforcing doses	—	—	—	—	—	—	—	—	—	—	—	2,840	36	557	319	615	481	4,848

CHILD GUIDANCE CLINIC.

Arrangements have been made for the joint appointment of Staff for a Child Guidance Clinic between Burnley and Bury. So far it has not been possible to engage a full team; a full-time Educational Psychologist has been appointed to serve the two Authorities.

Children have been referred by Head Teachers and other workers for many reasons. Some of them have had high I.Q.s. but have had behaviour problems, or other maladjustments. All the cases seen by the Educational Psychologist are referred through the School Medical Officer.

In all these cases a full report is obtained from the Head Teachers, the home conditions, and social circumstances are carefully investigated, and a thorough clinical examination is carried out. Many of these backward children are found to have physical defects, and are referred for specialist's opinion if necessary.

There is a Special School for E.S.N. Pupils (Brunswick), and an Occupation Centre for Mental Defectives is provided by the Health Committee at Bank Street. Sixteen ineducable children of school age now attend this Centre.

REPORT OF THE EDUCATIONAL PSYCHOLOGIST,

I am indebted to Mrs. C. Rivett, M.A., for the following report:—

This year has seen the consolidation of work done since the previous May.

The school psychological service is a link between the health and education services, and deals with borderline states of health and with dullness and anti-social behaviour in school children. The clinic aims at preventive and educative work, and often work of this kind by a psychological unit may achieve more lasting results than ensue from treating emotional disturbances. School-placement in the child's best interests, generally brings about improvement in the standards of work and character.

Source of Cases.

Children aged two to eighteen are referred by Head Teachers who have found them dull or backward. Other social workers may refer children where there is evidence of maladjusted behaviour. In some cases parents themselves request an interview. This year the emphasis of the work has shifted slightly from the ascertainment of the dull to behaviour and personality problems. Many and varied ones have been referred, for example, absconsion, hair-plucking, shop-lifting, night terrors, solitariness, refusal to do physical exercises in school, feelings of persecution, stammering, and so on.

Accommodation, Personnel, and Techniques.

The Educational Psychologist and the School Medical Officers hold regular consultations, and, in every case referred, a detailed examination takes place of the child, parents and environment. The pleasant clinic rooms have allayed fears. As there is as yet no Psychotherapist present to receive, observe, and handle children (who for diagnostic reasons must remain separate from their parents), the privacy of a separate waiting-room has been appreciated by parents, and has preserved play-apparatus. Often, in the freedom of the clinic atmosphere, a child will reveal before his own parents traits which surprise them, since the child has hitherto successfully concealed them, and this results in the parents enlisting further help. Most of them are glad of advice on child-management, but in some few cases merely the technique of the parents changes, basic attitudes remaining little altered, and continuing to affect the child, for the underlying neurosis cannot be treated with only a skeleton staff. Such parents are usually pre-occupied with an alarming or socially inconvenient symptom (such as incontinence, or wandering), and try to deny that anything more is necessary than its banishment. It is necessary then to show the parent the connection between the acute symptom and psychological disturbance, and progress is usually reported on subsequent visits.

Diagnosis is partly based on measurement of the intelligence and appraisal of behaviour by skilled techniques. The tests are:

1. A Verbal test, usually the Terman-Merrill revision of the Stanford-Binet Scale. This year apparatus for the alternative version has been procured, which permits the retesting of a child within a short period without practice-effect.

2. Performance tests such as (a) The Drever Collins battery, completed this year by the addition of the Healey Picture Completion Test 1.

(b) Raven's Matrices, 1938 and 1947 Editions, with the Mill Hill and Crichton Vocabulary Scales.

(c) Koh's Blocks.

(d) Porteus Mazes.

3. Projective tests. To Raven's "Projection Test" we have added Jackson's "Family Attitudes Test." Toys and paints are available for free self-expression.

4. Attainment tests. Burt's Graded Word Reading Test is usually employed.

5. Additional tests: Burt's Reasoning Tests, drawing a man, etc.

In order to avoid non-clinical use of diagnostic tests, teachers proposing to do individual testing within the schools have been recommended to use Burt's revision of the Stanford-Binet Scale, and Valentine's Tests for Children.

In all cases the Head Teacher makes a full report, and when making recommendations, the social circumstances and conditions are taken into account. The clinical examination may result in a request for specialist opinion.

Cases dealt with.

The Educational Psychologist continues to serve Bury three sessions weekly.

Ninety-three appointments were made. There were 20 visits for further observation and investigation. Twenty appointments were not kept, the parents asking to come later on, offering as reasons—inability to get off work, illness, short notice, change of address, holidays, etc. In some proportion of the cases, resistance is natural, but since it is desirable in every case to see at least one of the parents once, Head Teachers are now notified of the date of the appointment.

Recommendations in cases seen for first time :—

Ordinary school with modified treatment	30
Ordinary school with special education as an Educationally sub-normal pupil	9
Education in a special day school for Educationally sub-normal pupils	10
Residential treatment	0
Recommendation to local authority as ineducable	4
<hr/>	
Total	53

At least five of the above children were seriously maladjusted, and may later stand in need of residential treatment.

On the 73 visits of parents to the clinic, detailed advice was offered. The psychologist, when she paid 30 visits to schools, was often asked about other children with difficulties. She attended with the Director of Education and Head Teachers five consultations to consider the revision of methods of selection for secondary education.

The service aims at the fullest and frankest co-operation with parents, teachers and school welfare officers. The causes of backwardness, or of misbehaviour or anxiety, are frequently not congenital dullness, but spring from ill-health, unsuitable teaching methods, absence (not always with justification), home-attitudes, and shock. Where the parent needs to be helped to face the fact that the child is educationally sub-normal, and to accept a place in the day-special school, the child himself usually knows that he cannot keep pace with ordinary instruction, and has for years experienced the humiliation of failure. The work of the Day Special School has meaning and purpose, and its public relations are important; they depend on the intelligent appreciation of its aims by all teachers of the ordinary classes, who could, with advantage, spend a day inside the day special school. Moreover, since too few teachers for the present needs of education are trained in the initial stages of the teaching of the reading and number (or if so trained, become diverted to teaching where their skills are not utilised), a local course on the teaching of the backward now appears to be due, in order to deal with this ever-present problem.

Future Trends.

The Franklin Committee on maladjusted children (1952) pointed out in its report to the Ministry of Education the overlapping of responsibilities which confuses the proper handling of the educationally sub-normal, the maladjusted, and the mentally abnormal children, in that the Ministry of Health or of Education, or the Home Office may be called upon initially to act in a case more suitably dealt with by one of the other two. The Committee recommended more special schools for suitable treatment of different groups. If the emphasis is to begin to shift from treatment to prevention, local Authorities will be endeavouring to make such provision. It is an accepted fact throughout the country that many dull and unstable children require the less desirable and more expensive treatment of an approved school because their early problems were not tackled soon enough by educational and medical measures.

The provision of classes for the dull, illiterate and temporarily maladjusted is an urgent need. In local terms this might be envisaged as follows:—

- (a) The increase of the number of places in the Special School in order to provide for children aged 7 to 9 years who need infant methods and yet interests in keeping with grown bodies. They constitute a problem in the junior school, and when their needs are overlooked anti-social attitudes towards healthy effort and reasonable authority are usually engendered.
- (b) The establishment of several special classes for the dull as early as accommodation and staffing permits.
- (c) The provision of a remedial teacher to undertake the teaching of the basic subjects to children of normal intelligence who have failed from causes other than inherent dullness, so that once the attainments match the mental age, the child can pass out of the adjustment class into an ordinary class. Such a teacher would work in close collaboration with the psychologist. A memorandum concerning this proposal was sent to the Director of Education during the Summer, and the School Medical Officer, the Educational Psychologist, and the Director of Education met and discussed it.
- (d) An observation class for the maladjusted would assist teachers who know that when a maladjusted child continues to be a member of a normal class, example and punishment are more difficult.

It is emphasised that no clinical skill can ever replace the proper concern of parents for their own child. In those few cases which break down, it can be safely said that it is due to the child being too dull to comprehend social demands, or to parental indulgence or inertia, too great to result in the first vital step to help the child.

SPEECH DEFECTS.

I am indebted to Miss J. Riley for the following report:—

During the year 1952 there have been 93 children on the Speech Clinic Register receiving Speech Therapy either individually or in groups. Of these:—

38			suffered from a stammer,
2	„	„	clutter,
4	„	„	cleft palate,
6	„	„	sigmatism,
3	„	„	rhotacism,
1	„	„	thotacism,
1	„	„	lamdaism.
32			suffered from dyslalia,
1	„	„	dysphonia,
1	„	„	aphasia,
3	„	„	dyslalia and a stammer,
1	„	„	dysphonia and a stammer.

37 of these cases have been discharged during the year:—

24	as cured,
3	as improved,
3	owing to bad attendance,
3	moved out of the district,
3	left school before the completion of treatment.

One child was transferred to Brunswick Special School, so the parents wished him to discontinue treatment owing to travelling difficulties.

58 parents have been sent for, and of these 51 have attended for interviews, and 44 new cases have been admitted.

When the child attends for the initial interview the parent is asked to accompany the child. In this way details of the case can be obtained, and a personal contact between the home and the clinic is set up, also the parent can be advised on treatment in the home.

6 home visits have been made and 41 school visits during 1952.

60 new cases have been referred to the Speech Clinic during the year, and have been added to the waiting list, which now stands at 138.

101 children have been seen during the year, either in the schools or at the clinic, other than those receiving treatment.

3 patients have been referred to the Educational Psychologist, and one patient has been referred for Physiotherapy.

During the year 1,807 treatments have been given.

There are 56 children on the Register at the present time, with a few vacancies to be filled in the new year. Of these:—

26	suffer from a	stammer,
2	„ „	clutter,
4	„ „	cleft palate,
2	„ „	sigmatism,
1	„ „	lamdaism.
17	suffer from	dyslalia,
1	„ „	dysphasia,
2	„ „	dyslalia and a stammer,
1	„ „	dysphonia.

CO-OPERATION OF PARENTS, TEACHERS, Etc.

The percentage of parents attending at routine inspections was :—

“ Entrants ”	.... ....	92.2%
“ Second Age Group ”	.... ....	50.6%
“ Third Age Group ”	.... ....	2.7%

Parents are welcomed at the medical inspections, so that the defects found may be pointed out and steps taken to remedy the abnormality discussed, and histories obtained of the child's progress.

A large number of parents have also accompanied their children to the Clinics, 771 at the Wylde and 30 at Huntley Mount Clinic.

The assistance received from the teachers is of paramount importance. It is true to say that one of the major factors in the success of the School Health Service depends upon the co-operation of teachers and their keenness in using the services provided. This, like all co-ordination, is a two way process, and on the whole has given satisfactory results to both sides. It is realised that on the school medical side much more extensive help could be given if we were able to complete our establishment.

Many difficult cases have been considered at the co-ordinating committee, where the interests of education, health and other social services are represented. In fact some of the cases considered have shown a multiplicity of agencies at work which is astonishing, and calls for further co-ordination, agreement, and simplification in order to avoid waste of effort.

Close working has also taken place with the School Welfare Officers and voluntary organisations dealing with the problems of children.

PROVISION OF MEALS AND MILK.

Dinners and milk have continued to be supplied to school children during 1952.

The following statement shows the extent of the provision :—

	No. of children in attendance	Dinners		Milk	
		No.	Percent- age	No.	Percent- age
February, 1952	6,147	2,232	36·31	4,998	81·37
June, 1952	6,542	2,004	30·63	5,391	82·40
October, 1952	6,828	2,321	33·99	5,556	81·37

Kitchens have been in use at (1) Walshaw Road, (2) Fold Street, and (3) Willow Street. The capacity of each kitchen is a thousand meals. The cooked meals have been conveyed to school dining rooms in insulated containers.

SCHOOL CAMPS.

During the summer school camps were again organised at Staithes and Newlands for children attending maintained schools in the area. Health visitors accompanied the children at the camps.

The number of children medically examined by the School Medical Officer before going to school camps was 332 for Staithes and Newlands, and 75 for the Pearson's Fresh Air Fund Camp at Blackpool.

PROVISION OF CLOTHING.

The reduction in expenditure on physical training and games equipment made it impossible to supply gymnastic clothing or footwear.

Boots or shoes have been supplied to necessitous school children.

HOME TEACHING.

Home teaching has been provided as a temporary measure to two children who were unable to attend school.

EMPLOYMENT OF SCHOOL CHILDREN.

During the year 129 children have been medically examined as to their fitness to undertake employment out of school hours. Of these 29 were girls and 100 boys.

INSTRUCTION IN MOTHERCRAFT.

During school terms, two sessions weekly are held at The Junior Technical School, where instruction is given by a Health Visitor. Girls in the last term at school attend in groups of not more than 30 at a time, each group attending for a period of six weeks, and they come from all the senior schools.

SYLLABUS.

Mothercraft—Infant Care and Management.

Session 1.

Why the classes are being held.

Before baby is born—the expectant mothers' needs, i.e., good diet, fresh air, exercise, rest, and medical care.

The average baby.

Session 2.

Bathing baby. Handling baby.

Hours of sleep, fresh air, sunlight, etc.

The layette.

Session 3.

Breast and artificial feeding.

Constipation.

Dummies.

Session 4.

Weaning and diet.

Care of food.

Protection from flies.

Development of jaws and teeth and dental care.

Session 5.

How infection is spread and prevention of infection.

Vaccination and immunisation.

Prevention of accidents.

Session 6.

Care of toddlers—their physical and emotional requirements.
 Posture and exercise.
 General principles of clothing.

NURSERY CLASS.

There was a Nursery Class at the East Ward School until closing on 30th May, 1952. The Elton County Nursery Class opened 16th July, 1952. During 1952 an Assistant Medical Officer paid 4 visits to the Class.

REPORT OF THE ORGANISER OF PHYSICAL EDUCATION.

I am indebted to the Director of Education for the following report :—

Primary Schools.

Infant Schools.—The Infant Schools carry out a satisfactory programme of Physical Education. There are schools without indoor facilities; most school playgrounds are well surfaced.

Junior Schools.—Some Junior Schools lack adequate indoor facilities and, since Physical Education then becomes dependent upon the weather conditions, schools have difficulty in following a continuous training programme.

Secondary Schools.

The High School (the Authority's Grammar School), with its own gymnasium, has two fully-trained specialist Teachers of Physical Education. Each child has, weekly, two periods of physical activity and a double period for organised games. A swimming lesson is taken once a fortnight during one of the physical training periods. The school has no facilities for washing or bathing after Physical Training and Games. One playing field is a considerable distance from the school—this playing field accommodates football and hockey; cricket is played on the playing field on the school site.

The other Secondary Schools (Technical and Modern) supplement the facilities in the school building with lessons taken in the East Ward Gymnasium or the Technical College Gymnasium. These gymnasia are fully-equipped, and shower baths are available. Time is lost travelling to and from the Gymnasia.

Playing Fields.

In addition to the High School (Manchester Road) Field, the Education Committee has the Hoyle Playing Field. This, with its well-equipped pavilion, can provide two football pitches and one hockey pitch. The field is used by several nearby schools. The Schools' Athletic Association, in carrying out its full programme of games and sports, also makes good use of this field.

All Secondary Schools have access to a playing field; some of the Junior Schools have neither field nor access to one.

Two new fields are under construction, one for use by the Technical College, the other at the new Elton Secondary Modern School.

DENTAL SERVICES.

I am indebted to Mr. R. B. Keighley, L.D.S., for the following report:—

The Dental Clinic was re-opened in December, 1951, after being closed for two and a half years. Preliminary treatment has therefore been mainly confined to the speedy relief of pain and sepsis.

Routine Dental Inspection has been confined to the Infant and Junior Departments, and sixteen schools have so far been inspected, treatment being completed in fourteen schools.

The daily influx of an indeterminable number of casual patients makes the planning of balanced sessions a matter of difficulty. This cannot be avoided until such time as regular inspection and treatment at reasonable intervals can be provided for children of all age groups.

Traumatic malocclusion of the permanent teeth, as opposed to congenital or skeletal malformation, is mainly the result of neglect of the temporary dentition. For this reason, the percentage of dental irregularities apparent at the inspections is well above normal. A start has now been made to treat such cases as are amenable to treatment, and 33 visits have now been made for orthodontic treatment.

The appointment of a further Dental Officer has been approved.

The Deputy School Medical Officer has attended to administer nitrous oxide and oxygen for general anaesthesia.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1952

TABLE I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

A. Periodic Medical Inspection.

Number of Inspections in the prescribed Groups :—

Entrants	977
Second Age Group	825
Third Age Group	547

Total 2349

Number of other Periodic Inspections 899

Grand Total 3248

B. Other Inspections.

Number of Special Inspections 2540

Number of Re-inspections 2858

Total 5398

C. Pupils found to Require Treatment.

Number of Individual Pupils found at Periodic Medical Inspection to require treatment (excluding dental diseases and infestation with Vermin) :—

GROUP	For defective Vision (excluding Squint)	For any of the other conditions recorded in Table IIA	Total Individual Pupils
Entrants	2	325	266
Second Age Group	52	230	255
Third Age Group	45	65	107
Total (prescribed groups)	99	620	628
Other periodic inspections	55	105	153
GRAND TOTAL	154	725	781

TABLE II.

A. Return of defects found by Medical Inspection in the year ended
31st December, 1952.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under ob- servation but not requiring treatment	Requiring treatment	Requiring to be kept under ob- servation but not requiring treatment
4	Skin	46	74	611	—
5	Eyes <i>a.</i> Vision	154	164	140	140
	<i>b.</i> Squint	15	32	37	29
	<i>c.</i> Other	4	12	109	—
6	Ears <i>a.</i> Hearing	11	47	—	1
	<i>b.</i> Otitis Media	34	30	3	—
	<i>c.</i> Other	10	11	61	4
7	Nose or Throat	215	408	52	10
8	Speech	19	12	6	—
9	Cervical glands	47	283	11	4
10	Heart and circulation	4	89	1	3
11	Lungs	30	92	20	1
12	Developmental :—				
	<i>a.</i> Hernia	25	69	—	—
	<i>b.</i> Other	1	5	—	—
13	Orthopædic :—				
	<i>a.</i> Posture	62	72	—	—
	<i>b.</i> Flat Foot	83	94	17	—
	<i>c.</i> Other	40	56	5	—
14	Nervous system :—				
	<i>a.</i> Epilepsy	0	7	—	1
	<i>b.</i> Other	6	51	5	1
15	Psychological :—				
	<i>a.</i> Development	2	8	15	6
	<i>b.</i> Stability	1	3	1	—
16	Other.....	70	115	419	31

TABLE II.

B. Classification of the general condition of Pupils inspected during the year in the age groups.

Age Groups	No. of Pupils inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	%	No.	%	No.	%
Entrants	977	598	61·2	379	38·8	—	—
Second Age Group	825	466	56·5	354	42·9	5	·6
Third Age Group	547	334	61·0	211	38·6	2	·4
Other periodic inspections	899	597	66·4	299	33·3	3	·3
TOTAL	3,248	1,995	61·4	1,243	38·3	10	·3

TABLE III.

Verminous Conditions.

- (1) Total number of examinations of pupils in the schools
by School Nurses or other authorised persons 22,360
- (2) Number of individual pupils found to be infested 1,081
- (3) Number of individual pupils in respect of whom
cleansing notices were issued 0
(Sect. 54 (2) Ed Act, 1944).
- (4) Number of individual pupils in respect of whom
cleansing notices were issued 0
(Sect. 54 (3) Ed. Act, 1944).

TREATMENT TABLES.

TABLE IV.

GROUP 1. Diseases of the Skin (excluding uncleanness).

	Number of cases treated or under treatment during the year.	
	By the Authority	Otherwise
Ringworm—Scalp	—	—
Body	4	—
Scabies	10	—
Impetigo	17	1
Other skin diseases	593	1
TOTAL	624	2

GROUP 2. Eye diseases, Defective Vision and Squint.

	Number of cases dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	111	—
Errors of Refraction (including squint)	346	235
TOTAL	457	235
Number of pupils for whom spec- tacles were :—		
(a) Prescribed	177	235
(b) Obtained	145	235

GROUP 3. Diseases and Defects of Ear, Nose and Throat.

	Number of cases treated.	
	By the Authority	Otherwise
Received operative treatment :—		
(a) for diseases of the ear	—	6
(b) for adenoids and chronic tonsillitis	—	207
(c) for other nose and throat conditions.....	—	12
Received other forms of treatment	180	—
TOTAL.....	180	225

GROUP 4. Orthopaedic and Postural Defects.

(a) Number treated as in-patients in hospitals	15	
	By the Authority	Otherwise
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient departments	114	28

GROUP 5. Child Guidance Treatment.

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics	54	3

GROUP 6. Speech Therapy.

	Number of cases treated	
	By the Authority	Otherwise
Number of pupils treated by Speech Therapists	93	—

GROUP 7. Other Treatment Given.

	Number of cases treated	
	By the Authority	Otherwise
(a) Miscellaneous minor ailments	428	—
(b) Other :—		
1. Ultra Violet Light ...	106	—
2. Immunisation	494	73
3. Physiotherapy	168	—
TOTAL.....	1196	73

TABLE V.

DENTAL INSPECTION AND TREATMENT.

1. Number of pupils inspected by the Authority's Dental Officers:—	
(a) Periodic age groups	3692
(b) Specials	1546
Total (1)	5238
2. Number found to require treatment	4158
3. Number referred for treatment	3814
4. Number actually treated	2665
5. Attendances made by pupils for treatment	3385
6. Half days devoted to—	
Inspection	40
Treatment	416
Total (6)	456
7. Fillings—	
Permanent teeth	938
Temporary teeth	89
Total (7)	1027
8. Number of teeth filled—	
Permanent teeth	679
Temporary teeth	80
Total (8)	759
9. Extractions—	
Permanent teeth	579
Temporary teeth	4135
Total (9)	4714
10. Administration of general anaesthetics for extraction	216
11. Other operations—	
Permanent teeth	541
Temporary teeth	130
Total (11)	671

